

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKJoseph Sherrod Cannon

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

City of New York
New York City Police Department
P.O. A. VIGNAPIANO
DETECTIVE LYNCH
S.G.T. KOSTANOSKIAMENDED
COMPLAINTunder the Civil Rights Act,
42 U.S.C. § 1983Jury Trial: ☒ Yes ☐ No
(check one)

15 Civ. 4579 (LAP)

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CLERK OF COURT
2015 SEP - 3 P 4:24

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff's

Name Joseph Sherrod Cannon
ID# 3491508252
Current Institution Vernon C. Bains Center
Address 1 Hallerck Street
Bronx, New York 10474

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name P.O. A. VIGNAPIANO Shield # _____
Where Currently Employed New York City Police Department
Address _____

Defendant No. 2 Name DETECTIVE LYNCH Shield # _____
 Where Currently Employed New York City Police Department
 Address _____

Defendant No. 3 Name SGT. KOSTANOSKI Shield # _____
 Where Currently Employed New York City Police Department
 Address _____

Who did
what?

Defendant No. 4 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?
Anna M. Cross Center 18-18 Hazen Street East Elmhurst
New York 11370

B. Where in the institution did the events giving rise to your claim(s) occur?
intake

C. What date and approximate time did the events giving rise to your claim(s) occur?
March 20th, 2015 approx 4am

D. Facts: Defendant has violated plaintiff's constitutional
and civil rights. On July 31st 2015 plaintiff was brought to Manhattan
Criminal Court at 100 Centre Street and did not see an attorney or
judge and was told to come back on August 21st 2015. The

What
happened
to you?

plaintiff has submitted an order to produced scheduled for August 19th today sent to the court house at 111 Centre Street. on March 20th plaintiff was stripped naked and searched at the port authority police precinct after he was arrested was stripped immediately when brought into the precinct while handcuffed to the wall. see *Plurence v. Bd. of Chosen Freeholders* 132 'S.C. 1510, 1515-22 (2012) (in jails population). Plaintiff's birth certificates, adoption papers, discovery from Lowell District Court, and copies of parents social security cards and death certificates. The Plaintiff's right to counsel was violated and the plaintiff was placed in a line up before being charged with a crime which still violates the 6th amendment right. The plaintiff's constitutional, civil, and federally protected rights were violated.

Was anyone else involved?

Who else saw what happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

mental distress - depression medication

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Anna M. Kross Center 18-18 Hazen Street East Elmhurst, NY 11370
George R. Verno Center 99-09 Hazen Street East Elmhurst, NY
Vernon C. Boring Center 2 Hallock Street Bronx, NY 10474

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☐ Do Not Know ☒

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☐ No ☒

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve?

2. What was the result, if any?

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

Did not know

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:

Attorney Frank Lomascio, Barack Obama, Letitia Lynch,
Andrew Cuomo, Center for Constitutional Rights,
Cyrus R Vance Jr, New York County Court, Evan Noss,
Legal Aid Society, Liz Beal, Nathan Senne I,
Sonia Satomayor

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

constant by sending letters, motions and complaints to
attorneys, courts, and public officials.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

\$9 million dollars;
mental distress: \$1,800,000, Compensatory Damages:
\$1,800,000 nominal damages: \$1,800,000 pain and suffering;
\$1,800,000, cruel and unusual punishment: \$1,800,000

On
these
claims

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes _____ No ☒

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes _____ No ☒

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____
If NO, give the approximate date of disposition _____
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 13th day of August, 2015.

Signature of Plaintiff _____

Inmate Number

3491503232

Institution Address

Vernon C. Belts Center
One Halleck Street
Bronx, New York
10474

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 13th day of August, 2015 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: _____

Supreme Court of the State of New York, held

in and for the County of at the Court house
located at - New York on the 19th day of

August and thereafter as required by the Court.

PRESENT: HON.

Justice

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF New York : TERM PART (59)

-----X
THE PEOPLE OF THE STATE OF NEW YORK, :

Respondent, :

-Against- :

JOSEPH CANNON,

Defendant. :

Notice of Application for an
ORDER TO BE PRODUCED
Pursuant to C.P.L. §560.10

IND. 01885/2015
Docket
No. 2015NY01885

-----X
TO THE WARDEN: VERNON C. BAIN CENTER BRONX, NEW YORK
and any other State Correctional Institution who has custody of Joseph S. Cannon, Inmate
3491503252 it is hereby:

ORDERED, that the Warden of the Vernon C. Bain Center or any other State Correctional
Institution, deliver ^{him} to the Sheriff of the City of New York or his authorized agent on
8/19/15 and it is further,

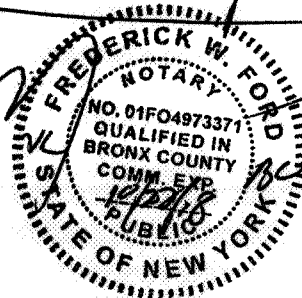
ORDERED, that the Commissioner of the City of New York produce before the Supreme
Court, County of New York, State of New York, at the Courthouse located at
111 Centre Street, New York on , at 9:30 a.m. and thereafter as
required by the Court, and it is further,

ORDERED, that JOSEPH CANNON be returned to the custody of Sheriff or the
Commissioner of Corrections of the City of New York after each and every court production
and held in their custody until the termination of this Order or until the Court orders
otherwise.

Dated: August 13th, 2015

ENTER:

J.S.C.



AFFIDAVIT OF SERVICE

STATE OF NEW YORK)

ss:

COUNTY OF BRONX)

Joseph Sherod Cannon, being duly sworn, deposes and says:

2015

That I have on this 13th day of August, 2014, placed and submitted
in the postal receptacle in the New York City Correctional Facility known as the Vernon C.

Bain Center, One Halleck Street, Bronx, New York 10474 a Notice of

ORDER TO BE PRODUCED

to be duly mailed via the United
States Postal Service to the following parties in the above action:

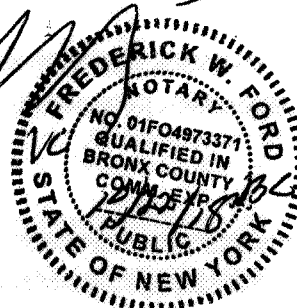
Supreme Court New York County
111 Centre Street
New York, New York
10013

Cyrus R Vance Jr
One Hogan Place
New York, New York
10013

Respectfully submitted,

Sworn to before me this
13 day of August, 2015

NOTARY PUBLIC



LOCK-IN AND LOCKOUT

(Times when you are permitted to be in or out of your assigned cell.)

If you are not in punitive segregation status, Close Custody lock-in status, or medical isolation, you will not be confined to your cell except during the following times:

- At night, for no longer than 8 hours, beginning no earlier than 11:00 p.m.;
- During the daytime, for no longer than a daily total of 2 hours in any 24-hour period;
- Whenever the institutional count cannot be verified and recounts must be taken;
- When necessary for the safety and security of the facility or the Department.

MAIL (CORRESPONDENCE)

You are allowed to send mail to anybody and to receive mail from anybody unless a court order limits your sending or receiving mail. You are allowed to send and receive as much mail as you want. You may write and receive mail in any language. If you have a visual impairment or are blind and need help reading or writing your mail, you may ask a volunteer or an assigned inmate to assist you, or ask the Housing Officer to assign an inmate to assist you.

Mail that you send out, and mail that is sent to you, may not be opened or read if you are not present, unless that is specifically allowed by a lawful search warrant. However, the Department will inspect, feel, or bend your mail without opening the envelope, even if you are not there.

If contraband (items not allowed in a jail; check list of contraband in your rulebook) is found in your mail, the Department will tell you what was found but will not allow you to have the item(s). As long as the item is not dangerous or illegal, you may decide if you want to have the item destroyed, donate it to an outside charity, or pay to have it returned to the person who sent it to you.

To send mail, buy stamps in the commissary and money will be deducted from your account.

If you have no money in your commissary account, the Department will provide you with free stationery, envelopes, regular first class stamps for all letters to attorneys, courts, and public officials, as well as two other letters each week. If money is deposited in your account within 7 days after you have received free stationery, the money will be recouped from your account.

You must pay to send certified mail. If you are required by a law or rule to send mail certified but you have no money in your account, the Department will pay for you to send that certified mail. The Correction Officer will collect and record your outgoing certified mail and then drop it in the outgoing safe, which will be picked up later for processing.

You must address and seal the mail you want to send out. You must include the following information on the upper left-hand corner of the envelope:

- Your name,
- Your book and case number, and
- Either your jail's street address or your home address. Ask your Housing Area Officer for the address of the jail where you are located.

If you do not put that information on the envelope, the Department will give you back the mail.

To mail a letter out, you should put it in one of the locked mailboxes in your jail. As mentioned above, you can buy stamps in the commissary.

MENTAL HEALTH DISCHARGE PLANNING

If you are receiving mental health care while in jail, you may be eligible for discharge planning services and benefits under the Brad H court settlement. Your mental health clinician or a mental health discharge planner will help you prepare a comprehensive treatment plan.

If you are released directly from court, you can visit a SPAN (Service Provider Assistance Network) office that is located within walking distance of each courthouse.

Office locations are:

- Manhattan SPAN Office
80 Centre Street, Room 200-B
New York, NY 10013

Telephone # (212) 732-7906 Fax # (212) 732-7908
Hours: 10:00 AM - 8:00 PM

- Bronx SPAN Office
1000 Grand Concourse, Suite 2-E
Bronx, NY 10451

Telephone # (718) 590-1235 Fax # (718) 538-0165
Hours: 10:00 - 7:00 PM

- Brooklyn SPAN Office
408 Jay Street, Suite-203
Brooklyn, NY 11201

Telephone # (718) 625-9736 Fax # (718) 626-9739
Hours: 10:00 AM - 7:00 PM

- Queens SPAN Office
125-10 Queens Blvd, Suite-224
Kew Gardens, NY 11415

Telephone # (718) 897-1854 Fax # (718) 897-2731
Hours: 9:00 AM - 7:00 PM

Joseph Sherod Cannon 3491503252
Vernon C. Briggs Center
1 Halleck Street
Bronx, New York 10474

Pro-se gaba/3/15

clerk

United States District Court
Southern District of New York
The Daniel Patrick Moynihan United States Courthouse
500 Pearl Street
New York, New York 10007-1312

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PRO SE OFFICE
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